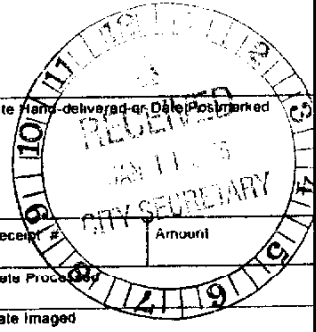


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed 5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>MR</u> FIRST <u>Dennis</u> LAST <u>Carter</u> NICKNAME MI <u>D.</u> SUFFIX	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked  Receipt # _____ Amount _____ Date Processed _____ Date Imaged _____	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX. APT / SUITE #, CITY, STATE, ZIP CODE <u>810 Lamonte Hou. TX 77018</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(713) 695-7175</u>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>MR</u> FIRST <u>Penne</u> LAST <u>Carter</u> NICKNAME MI <u>V.</u> SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE #, CITY, STATE, ZIP CODE <u>810 Lamonte Hou. TX 77018</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(713) 695-7175</u>		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>10/31/05</u> <u>1/11/06</u>		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <u>11/8/05</u>		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <u>City Council / Dist. A.</u>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name _____ Address / PO Box. Apt. / Suite #, City, State, Zip Code _____ <input type="checkbox"/> additional pages		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

Dennis D. Carter

16 ACCOUNT # (Ethics Commission files)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

-- This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 806.17

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 806.17

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

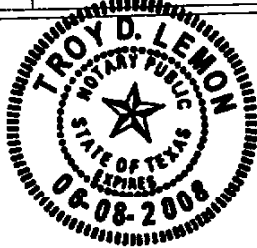
\$ 0

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Dennis D. Carter
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said DENNIS D. CARTER, this the 11th day of JANUARY, 20 06, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Dennis D. Carter

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/30/05

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Robert Falcon

7 Amount of contribution (\$)

\$25.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

[REDACTED], Hou. TX. 77009

9 Principal occupation / Job title (See Instructions)

Teacher

10 Employer (See Instructions)

HISD

Date

10/31/05

Full name of contributor

☐ out-of-state PAC (ID# _____)

Leslie E. Vernon

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED]
Katy, TX 77449

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Electrician

Date

11/2/05

Full name of contributor

☐ out-of-state PAC (ID# _____)

Donald C. Raschke

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED]
Houston, TX 77008-1151

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/3/05

Full name of contributor

☐ out-of-state PAC (ID# _____)

Deborah Miller Rothschild

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED]
Houston TX 77007-1644

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/8/05

Full name of contributor

☐ out-of-state PAC (ID# _____)

Grant D. Holt

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED]
Houston TX 77018

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Dennis D. Carter

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Sprint Digital Print, Inc.

7 Amount (\$)

11/2/05

6 Payee address; City; State; Zip Code

10100 Clay Rd. Suite C
Houston TX 77080

\$742.84

8 Purpose of payment (See instructions regarding type of information required.)

Signs

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

America's Star Copies, Inc.

Amount (\$)

11/5/05

Payee address; City; State; Zip Code

1701 Durham
Houston TX 77007

\$63.33

Purpose of payment (See instructions regarding type of information required.)

Flyers

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

Dennis D. Carter

3 ACCOUNT # (Ethics Commission filers)

4 Date 11/2/05	5 Payee name Sprint Digital Print, Inc. 6 Payee address: City: State: Zip Code Houston TX 77080 7 Purpose of expenditure (See instructions regarding type of information required.) Signs	8 Amount (\$) \$166.39 <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address: City: State: Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address: City: State: Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address: City: State: Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address: City: State: Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED